## PCi Services, Inc.

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Fax: 617-350-8989

GDT Matchmaker/2000®for Windows<sup>™</sup> Agreement (FFIEC CRA/HMDA Coding ACG). This is address data to use in geocoding your HMDA and CRA submission. Use of previous years data may be inaccurate because of U.S. address changes since last order.

Bill To:  Financial Institution:  Contact:  Address:		Ship To:	Financial Institution:  Technical Contact:		
		Financial Insti			
		Technical Con			
		Address (No I			
Address:		Address:	Address:		
City, State, ZIP:		City, State, ZI	City, State, ZIP:		
Phone:			Fax:		
	Please indicate the Counties a	and State names you need	Pric	e Total	
County (state)	List:			/County	
State	List:			5/State	
Region #1	CT, DE, DC, ME, MD, MA, NH, NJ, NY, RI, PA, and VT			50	
Region #2	FL, GA, NC, SC, VA, and WV			50	
Region #3	IL, IN, OH, MI, and WI			750	
Region #4	AL, AR, KY, LA, MS, MO, OK and TN			750	
Region #5	IA, KS, MN, NE, ND and SD			750	
Region #6	TX			750	
Region #7	AZ, CO, ID, MT, NV, NM, UT, WA, and WY			750	
Region #8	AK, CA, HI, and OR			750	
Nation			\$3,0	000	
	Shipping & Handling*:		\$ 1	15	
	Grand Total				
* Orders will be shipped v	vithin 7-10 business days via UPS ground. If	you wish to receive your order via Fed-F	Ex, please provide us with your Federal E	Express account number.	
PAYMENT (you may	y fax or mail to address shown at the	top of this form, Attn: Gillian 1	Kirstel):		
VISA M/C Card #: Exp. Date:			Exp. Date:		
Signature:		Date:			
Please make checks p	payable to: PCi Services, Inc. – Que	stions?: Call 800-261-3111 an	d ask for Gillian Kirstel.		
Grant of Licensee:	GDT hereby grants to the above named	customers "The Financial Institution" a	nd the Financial Institution hereby accep	ots, a non-exclusive	
	its own internal purposes the FFIEC CRA/HM rivation thereof, solely for the internal purpose				
at the census tract level and	completing regulatory reporting associated way PCi the initial license fee(s) indicated above	th such loans. All copies made shall rem			
	IS without warranty of any kind, express or is for any claim arising out of or in connection			ial damages. In no event	
Signature:		_ Title:			
Name:		Date:	<del></del>		